



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2012 - JUNE 30, 2013  
Deadline: July 12, 2013**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

2013 JUL 10 PM 2 51

THOMAS J. ... CLERK OF ...

**1. DEPARTMENT INFORMATION:**

Department: Health & Human Services Agency - North Coastal & North Inland Regions  
Division/Unit: North Coastal Public Health Center (NCPH)

**2. VOLUNTEER PROGRAM BENEFITS:**

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	1	Hours	30	X	\$22.14	=	\$664.20
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Types of work performed by GENERAL VOLUNTEERS in this category:

**Assisted PHN Supervisor with clerical duties and follow-up calls to clients opened to PHN services. To confirm client had gain access to resources and appointments to medical providers. Clerical support included assembling educational packets for health fairs and home visiting. Clinic support included assisting with inventory of clinic supplies.**

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$22.14	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00
No. of Vol.	Total Hours	0	Total Value	=	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	1	30	\$664.20
2b.			
2c.			
<b>Total Vol.</b>	<b>1</b>	<b>Hours 30</b>	<b>Total Value = \$664.20</b>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

**TOTAL VALUE = \$0.00**

4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours **3** X Rate **\$45.16** = **\$135.48**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours \_\_\_\_\_ X Rate \_\_\_\_\_ = **\$0.00**

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
TOTAL OF OTHER PROGRAM COSTS	<b>\$0.00</b>
d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	<b>\$135.48</b>

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$664.20</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$135.48</u>

**TOTAL PROGRAM BENEFIT**

**\$528.72**

6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

**Volunteer was included in staff meetings. Volunteer time has been very limited.**

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

**Volunteer will continue one day per week for 2-4 hours and will be included at staff meetings, staff recognition events and any staff trainings that are appropriate for the volunteer to attend.**

9. **GENERAL INFORMATION:**

Name of person completing report: Audrey Lopez, Public Health Nurse Manager, NCPH

Phone: 760-966-3800 Mail Stop: N514 E-Mail: Audrey.Lopez@sdcounty.ca.gov

Volunteer Coordinator: Vicky Magsaysay

Phone: 760-740-4135 Mail Stop: N465 E-Mail: Vicky.Magsaysay@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



**DEPARTMENT HEAD SIGNATURE**

Chuck Matthews, Deputy Director  
North Coastal and North Inland Regions

7/8/13

**DATE**